



Safe, Abundant Drinking Water.

Lead Service Line Questionnaire

We'd like you to answer a few questions to help us assess and assist in reducing your exposure to lead. We will share this information with the City of Milwaukee Health Department.

Date _____

Customer name _____ Phone _____

Address _____ Apt # _____ Are you the owner? Yes No

If you are not the owner, can you provide the Name of the Owner? _____

Owner's Phone _____ How many people live here? _____

Young children under the age of six and women who are pregnant or breastfeeding are at special risk for exposure to lead in water.

How many children are there under the age of six? _____

How many women are there who are pregnant or breastfeeding? _____ *It is important to follow the three steps in the brochure every day.*

Would you like your water tested? Yes No

Best number to call _____ Best time to call _____

If appropriate: We are going to replace the "city side" of the service as part of our work. To reduce exposure to lead in your drinking water, we strongly recommend that the owner's side of the service line also be replaced at this time. You would need to hire a licensed plumber to do this work. Your cost for the work will be lower if you coordinate the timing with our work.

Are you interested? Yes No Declined Not the owner Tenant Comment:

If yes, please contact us at 286-3710 for more information.

Thank you for your time. We will tell you when we have completed our work so you can flush your household plumbing. If you have any questions, please call me or Customer Service, (414) 286-2830.

Given brochure and door hanger: Yes No Declined No one home, left at door

Given pour-through filter: Yes No Declined

Name of Employee:

Work performed:

Comments:

Work Order # :

3/10/16

Email to watleadsurvey@milwaukee.gov